

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-

5a. Indicate Type of Lease
State ☒ Fee ☐
5. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.
USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <u>Injector</u>	7. Unit Agreement Name <u>Eunice Monument South</u>
2. Name of Operator <u>Chevron U.S.A. Inc.</u>	8. Farm or Lease Name <u>Unit</u>
3. Address of Operator <u>P.O. Box 670, Hobbs, NM 88240</u>	9. Well No. <u>176</u>
4. Location of Well UNIT LETTER <u>0</u> <u>660</u> FEET FROM THE <u>South</u> LINE AND <u>1980</u> FEET FROM THE <u>East</u> LINE, SECTION <u>32</u> TOWNSHIP <u>20S</u> RANGE <u>37E</u> NMPM.	10. Field and Pool, or Wildcat <u>Eunice Monument G/SA</u>
15. Elevation (Show whether DF, RT, GR, etc.) <u>3541</u>	12. County <u>Lea</u>

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOBS ☐

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

OTHER Injection well pressure test ☒

OTHER ☐

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1703.

The EMSU 176 initial test prior to injection for (tubing) was tested to 630psi and bled down to 570 in 30 minutes. Performed 8-2-87.
No Witness.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED M. E. Abner

TITLE Staff Drilling Engineer

DATE September 4, 1987

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____

TITLE _____

DATE SEP 10 1987

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

SEP 9

1997

HOBBS OFFICE

CCD